

14-24518

I am objecting to the sale.
The liquor License is in my name.
Joseph Ummarino. Not in L.L.C.
Mr. U's Lounge. I have the
paper work to prove that it
is in my name.

Joseph R Ummarino

346 So Egg Harbor

Winslow NJ 08037

U.S. BANKRUPTCY COURT
FILED
CAMDEN, NJ
2016 MAR 29 A 10:41
JAMES J WALDRON
BY: *[Signature]* DEPUTY CLERK

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 436-23-015-07

Application is made on behalf of: _____

- 1 = An Individual
3 = A Partnership
5 = Incorporated Club

- 2 = Business Corporation
4 = Unincorporated Club
6 = Limited Partnership

1.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
License may be held by Individual (last name, first, middle initial), Partnership or Corporation.

UMMARINO Joseph R

Initial or Corporate Name

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address 346 S. EGG HARBOR RD.

Number

Street Name

Municipality WINSLOW TOWNSHIP NJ

Zip 08037

Telephone number of business

(609) 704 - 2700

Area

Exchange

Number

2.3 If no licensed premises exists or if mailing address is different than the "actual address" given above, provide the mail address: (Insert N/A if not applicable).

Street Address _____

Number

Street Name

P.O. Box # _____

Municipality _____

State _____

Zip _____

Telephone (____) _____

2.4 New Jersey Sales Tax Certificate of Authority No. 75 3134787

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [If a corporation] OR COUNTY CLERK [If a partnership or sole proprietor]:

MR U'S LOUNGE

MR U'S LOUNGE LLC.

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?

☒ Yes ☐ No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):

____ / ____ / ____

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?

☐ Yes ☒ No

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?

☒ Yes ☐ No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:

____ / ____ / ____

3

PLEASE TYPE OR PRINT ALL INFORMATION

STATE ASSIGNED LICENSE NUMBER 0436 33-015-009

Application is made on behalf of: _____

1 = An Individual
3 = A Partnership
5 = Incorporated Club

2 = Business Corporation
4 = Unincorporated Club
6 = Limited Partnership

7 = Limited Liability Company

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):

License may be held by Individual (Last Name, First Name, Middle Initial), Partnership or Corporation.

Joseph R. Ummarino

(Last Name, First Name, Middle Initial or Corporate Name)

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES):

Street Address 346 So Egg Harbor Rd Winstow

Number

Street Name

Municipality Winstow New Jersey

Zip 08037

Telephone number of business (609) 481-1149

Area

Exchange

Number

2.3 If no licensed premises exists or if a mailing address is different than the "actual address" given above, provide the mailing address (insert N/A if not applicable):

Street Address _____

Number

Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____ Telephone (____) _____ - _____

2.4 New Jersey Sales Tax Certificate of Authority No. 0600-1836-70

2.5 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED: ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation] OR COUNTY CLERK [if a partnership or sole proprietor]:

~~Maristone LLC~~ Trade ARINO PASTE

2.6 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

A. IS THE LICENSE ACTIVELY USED AT AN OPERATING PLACE OF BUSINESS?

_____ Yes _____ No

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):

Sept 1 / 1 / 14

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS AFTER APPROVAL?

_____ Yes ☒ No

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

A. WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY UPON ISSUANCE?

_____ Yes NO No

B. IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:

_____/_____/_____


1. Complaint Number	2004-12369
21. Prosecutor's Case Number	
23. Department Case Number	

Joseph Ummarino - Owner

828 Beechwood Ave.

Cherry Hill, NJ 08002

Telephone # None

DOB: 05-31-1931

SS#: 151-20-6071

Joseph Ummarino was asked, and did produce for my review the following documents:

1. License Certification for the 2003-2004 License Term
2. Liquor Invoices

Let it be noted that Ummarino is on COD - Credit Compliance

Joseph Ummarino was asked, but could not produce for my review the following documents:

1. Last Filed Long Form License Application
2. State Sales Tax License Certificate
3. Employee List
4. Federal Tax Stamp for the 2003-2004 Term
5. Books of Account
6. Fetal Alcohol Warning
7. Broad Package Privilege Violation

Let it be noted that the violation is a free standing 2 door cooler used for selling beer for off premises consumption

Total of 30 Bottles were checked:
No Violations

Notice to Produce Records Within Seven Days was left with Joseph Ummarino. At the expiration of the Seven Day time period, Ummarino had not contacted me for another appointment.

CRIMINAL OR ADMINISTRATIVE CHARGES

CHARGING CODE

APP1
BOOKS1
BOOKS2
E141
APP1
STAMP
FETAL
BPP1-N

No Long Form
Books of Account
Failure to Produce Books Within Seven Days
No Employee List
No Short Form
No Federal Tax Stamp
No Fetal Alcohol Warnings
Broad Package Privilege Violation

Based on the above violations as a result of the compliance check, I would recommend that the issuing authority take the administrative action against the licence holder.
No further police action.

74. Name	Det. E. Hoffmann
75. Badge Number	104
76. Page	2 of 2
77. Date Report	05/21/2004
78. Reviewed By	
80.	
81.	

WHEREAS, application has been made to the Mayor and Township Committee of the Township of Winslow for the person to person transfer to Mr. U's Lounge, L.L.C. for premises situated at 346 S. Egg Harbor Road, Winslow Township, New Jersey 08037, the Planary Retail Consumption License #0436-33-015-007, heretofore issued to A Little Bit Country, Inc., Va A Little Bit Country for premises situated at 346 S. Egg Harbor Road, Winslow Township, New Jersey 08037 and

WHEREAS, it appears that all fees have been paid, and

Page 1 of 2

70-80-4

State of New Jersey
Division of Taxation
Sales & Use Tax
P.O. Box 999
Trenton, NJ 08646

June 22, 2005

To Whom It May Concern

This request is for an Abatement of Sales Taxes Penalty for Mr.U'S Lounge LLC . As of today all company taxes have been paid. Mr Umarino is a sole owner , and because of medical reason which included stress he was relying on a third party for help, without his knowledge the taxes weren't paid in a timely manner, as soon as I became award of the problem I immediately got help from someone else and paid all taxes.

Thank You

Joseph Umarino

Y

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087
TRENTON, NJ 08625-0087

14
03/04
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LICENSE RENEWAL APPLICATION CERTIFICATION ADDENDUM

TO BE COMPLETED ONLY IF LICENSE NAME AND/OR ADDRESS AS PRINTED ON
THE COMPUTER PRINT-OUT IS NOT CORRECT

41mm

1. License Number 0436-33-015-008

2. Name of Licensee (Corporation, Partnership, Individual)

Joseph R Ummarino

3. Actual address where the license is used:

Street 346 Sx Egg Harbor Rd

City Winslow State NJ Zip 08037

4. If no licensed place exists, or if mail is to be addressed other than to the actual address given above, provide the proper mailing address here:

In Care Of _____

Street _____

City _____ State _____ Zip _____

5. Trade Name, if any, under which business is conducted:

Mr U's Lounge LLC

6. Has this license been person-to-person transferred to you within the past 12 months?
Yes () No (✓)

7. If yes, what was the effective date of the license transfer?

Date ____/____/____

8. Has this license been place-to-place transferred to you within the past 12 months?
Yes () No (✓)

9. If yes, what was the effective date of the license transfer?

Date ____/____/____

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2003

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. BOX 087
TRENTON, NJ 08625-0087

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Mr. U's Lounge LLC

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6. Has this license been person-to-person transferred to you within the past 12 months?
Yes (☒) No ()

7. If yes, what was the effective date of the license transfer?

Date JAN / 24 / 04

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Yes (☒) No ()

9. If yes, what was the effective date of the license transfer?

Date JAN / 24 / 04

13

64

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Date JAN / 24 / 04

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Date JAN / 24 / 04

65

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Date ____/____/____

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Yes () No (✓)

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Date ____/____/____

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DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
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TRENTON, NJ 08625-0087

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